Seven Compelling Reasons To Affiliate Your Family Medicine Program with the Veterans Health Administration

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Introductions

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Today's Presentation/Activities

- Overview of VA GME
- Review 3 cases of successful family medicine expansions
- Small group discussions
- Wrap up synopsis

Education is one of VA's Four Statutory Missions

- 38 USC 7302
- … in order to assist in providing an adequate supply of health personnel to the Nation, the Secretary— to the extent feasible without interfering with the medical care and treatment of veterans, shall develop and carry out a program of education and training of health personnel;

A Proud 70 Year History

- VA Policy Memorandum in January 1946 began VA's visionary association with American medical schools
- The arrangement has withstood the test of time and is seen as beneficial to both VA and the affiliates
- Approximately 70% of all American physicians receive some portion of their training in VA

General Omar Bradley
VA Administrator
1945-1947

Compelling Reason #7

Health care training in the VA is supported by law and supports the health care of not only Veterans, but in service *to the Nation*

VA's Extensive Scope:

- *Largest:*
  - integrated health care system
  - provider of health care training
- Second to CMS payer for GME
- 40,000 physician residents & 120,000 trainees annually

Innovations Attributed to VA

- EHR
- Palliative & hospice care
- Field of psychology
- Patient Aligned Care Teams
- Interprofessional Education & Practice
- Behavioral Health Primary Care Integration

Compelling Reason #6

Family Medicine has an opportunity to contribute!

The largest national system with a history of innovation is poised to enhance primary care and reach into communities to improve access

Veterans are a Vulnerable Population with Special Needs

Veterans have greater needs than the general population:

- Older
- Larger percentage rural
- More chronic illnesses

Compelling Reason #5

Actively participate and contribute to the largest health care and education enterprise in the nation!

Veterans Access, Choice, & Accountability Act (VACAA)

- Enacted by Congress & signed by the President on August 7, 2014
- Section 301(b)
  - Expand VA GME by "up to 1,500 positions" over 5 years beginning 1 year after signing
  - Funding priorities defined in law
  - Annual Congressional reporting requirements regarding the filled VACAA positions and their VA locations

Funding Priorities in VACAA

Facility Characteristics

- **A shortage of physicians**
- **No prior GME**
- Areas with a "high concentration of Veterans"
- **Health Professional Shortage Areas** (HPSAs) as defined by HRSA

Program Characteristics

- **Primary Care**
- Mental Health
- Other specialties "the Secretary deems appropriate"

VACAA GME Position Requests Approved for Recruitment AY 2015-16

Initiative	Approved Positions	% of Total
Primary care (VACAA)	73.75	36%
Mental health (VACAA)	57.8	28%
New and expanding sites (VACAA)	37.8	18%
Critical needs (VACAA)	28.2	14%
Rural health (VACAA)	6.7	3%
Totals	204.2	100%

YEAR 2 VA GME Expansion Requests Approved for Recruitment AY 2016-17

Focus	Approved Positions	% of Total
Primary Care	62.2	37%
Mental Health	38.2	23%
Critical Needs	67.6	40%
Total	**168.0**	**100%**

Compelling Reason #4

VACAA !!!

Community Based Learning Opportunities

- Community health for a vulnerable population
- Family medicine training linked with VA
- Resources:
  - Measures for access to care & improving outcomes
  - Linking mental health and primary care services
  - Patient Aligned Care Teams

Compelling Reason #3

Expansion of COMMUNITY CARE through GME.

Awarded positions are ***permanent.***

Expanding Graduate Medical Education Takes a Team

- Collaborative partners
- Nontraditional expansion
  - GME naïve
  - Small, community based practices
  - Rural and underserved settings

VA Recognizes Financial Support is Needed to Realize Goals

- Planning Grants
- VACAA Direct Resident Payment
- Infrastructure Grants
- Educational Cost Contracts

Compelling Reason #2

Opportunities for new collaborations and innovative funding!

Compelling Reason #1

It's the right thing to do!

Help Family Medicine and the Nation.

Successful Round One Case Studies

- ✓ ACGME Accredited
- ✓ One FTE/year over 3 years for total expansion of 3 FTEs
- ✓ Residents participate in Academic PACT continuity clinic at the VAMC
- ✓ Documentation of PC need:
  - Increased need: encounters, unique patients, total bed days/year
  - Wait time for new PC patients > 30 d
  - High percentage of patients cared for at VAMC site (not in geographic HPSA), who live in HPSAs

Successful Round One Case Studies

- ✓ACGME Accredited
- ✓Two positions in Round One
- ✓VA COS wants FM due to difficulty recruiting FM to PC and VAMC's 9 CBOCs (all are in HPSAs)
- ✓Psych and Derm rotations to alleviate long wait lists
- ✓Supervision by VA providers

Successful Round One Case Studies

- ✓AOA Accredited
- ✓Geriatrics rotation at Community Living Center (CLC) with exposure to hospice and palliative outpatient and consultative care
- ✓Supervision by VA geriatricians
- ✓County is MUA with anticipated PC shortage

Successful Round Two Case Studies

- ✓ Loma Linda VAMC & Inland Empire Consortium for Healthcare Education
- ✓ Located in a primary care HPSA, rapidly growing population, 50% p.c. shortage
- ✓ VA primary care wait times >30 days due to 5% increase in demand/year and no staff increase over 4 years
- ✓ High poverty, ethnic & minority diversity, low high school education level

Successful Round Two Case Studies

- ✓ Bedford VAMC/ Boston Medical Center – Family Medicine
- ✓ 2 positions first year, then ramp up by 2 additional/year x 3 years
- ✓ Access not as much of a problem in this VISN as recruitment/retention
- ✓ Primary care residents exposed to intellectual challenges with VA patient populations

Successful Round Two Case Studies

- ✓Columbia VAMC and Greenville Health System, U of SC
- ✓New Affiliate is a new med school located near the CBOC—both HPSA & rural setting
- ✓Currently FM program has no experience with Veterans or with PACT model
- ✓Residents will learn benefits of integrated care model, unique female veterans issues and benefit from a mini-clinic in musculo-skeletal care

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During the break…

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.

For reference only: Veterans Access, Choice & Accountability Act of 2014, Sec. 301 [PL 113-146]

TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING MATTERS

SEC. 301. TREATMENT OF STAFFING SHORTAGE AND BIENNIAL REPORT ON STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(b) INCREASE OF GRADUATE MEDICAL EDUCATION RESIDENCY POSITIONS.—

(1) IN GENERAL.—Section 7302 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(e)(1) In carrying out this section, the Secretary shall establish medical residency programs, or ensure that already established medical residency programs have a sufficient number of residency positions, at any medical facility of the Department that the Secretary determines—

"(A) is experiencing a shortage of physicians; and

"(B) is located in a community that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

"(2) In carrying out paragraph (1), the Secretary shall—

"(A) allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register pursuant to section 7412(a) of this title; and

"(B) give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary determines appropriate.".

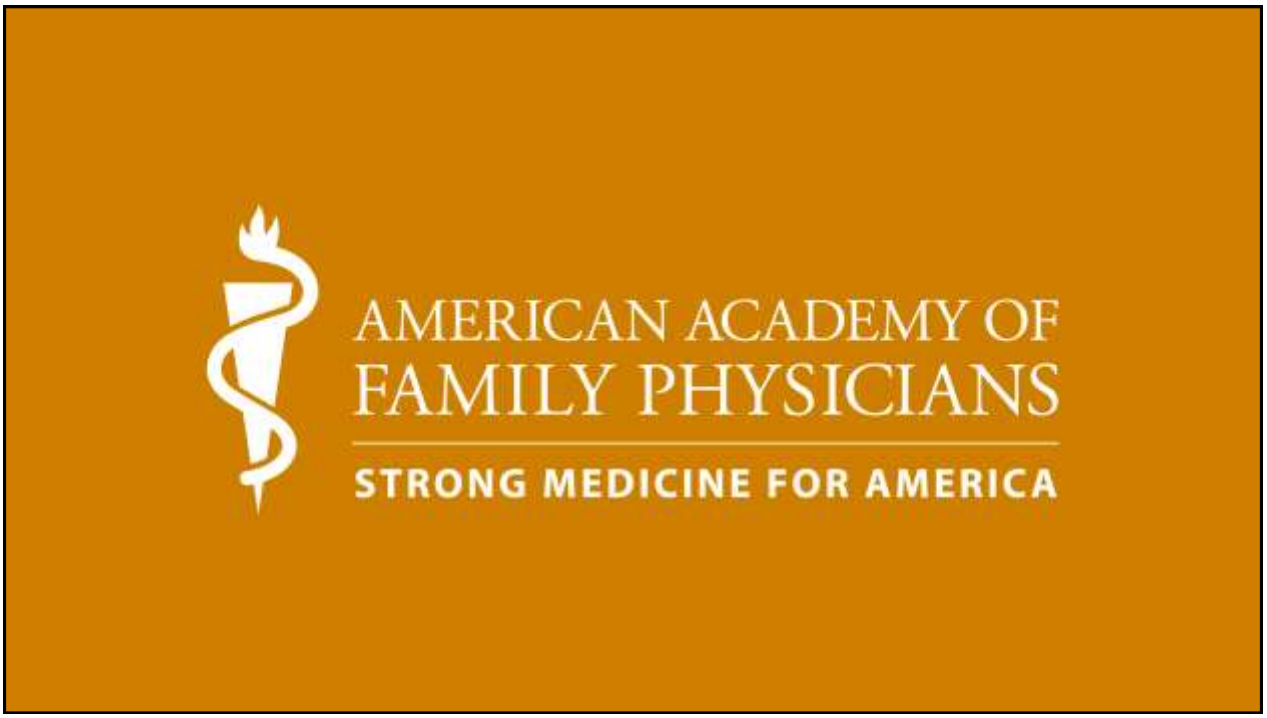
(2) FIVE-YEAR INCREASE.—

(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 5-year period beginning on the day that is 1 year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

(i) as of the date of the enactment of this Act, do not have a medical residency program; and

(ii) are located in a community that has a high concentration of veterans.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